

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09 780268</i>	FILING DATE <i>02-09-01</i>	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3	/						53		
4		/					54		
5		/					55		
6	/						56		
7		/					57		
8	/						58		
9		/					59		
10	/						60		
11		/					61		
12	/						62		
13		/					63		
14		/					64		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7						TOTAL IND.		
TOTAL DEP.	10	↓	↓	↓			TOTAL DEP.	↓	↓
TOTAL CLAIMS	17						TOTAL CLAIMS		